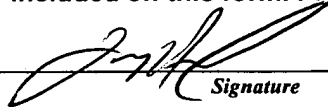



FW

| | | | | | | |
|---|-------------------------------------|-----------------------------|---|----------------|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | | Docket No. Allsport-2 | |
| Applicant(s): Jeffery L. Brewer | | | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. | |
| 10/623,271 | 07/15/2003 | Doster Greene | 39705 | 3743 | 3522 | |
| Invention: ORTHOTIC PROTECTIVE DEVICE | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 28 - | 28 = | 0 | x \$25.00 | \$0.00 | |
| INDEP. CLAIMS | 5 - | 5 = | 0 | x \$100.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
| <input type="checkbox"/> No additional fee is required for amendment. | | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ | | | | | | |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-4345 | | | | | | |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. | | | | | | |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
|  Signature | | | Dated: June 21, 2007 | | | |
| Loren G. Helmreich, Reg. No. 29,389 Browning Bushman P.C. 5718 Westheimer, Suite 1800 Houston, Texas 77057-5771 Phone: (713) 266-5593 Fax: (713) 266-5169 | | | <div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on June 21, 2007</p><p style="text-align: center;">(Date)</p> Signature of Person Mailing Correspondence Leah Lee Typed or Printed Name of Person Mailing Correspondence</div> | | | |
| cc: | | | | | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | | |
|-------------|---------------------------------------|---|-------------------|------|
| Appl. No.: | 10/623,271 | § | Confirmation No.: | 3522 |
| Applicant: | Jeffery L. Brewer | § | | |
| Filed: | 07/15/2003 | § | | |
| TC/A.U.: | 3743 | § | | |
| Examiner: | Doster Greene, Dinnatia Jo | § | | |
| Title: | <i>Orthotic Protective Device</i> | § | | |
| Docket No.: | Allsport-2 (1001.01) | § | | |

SUPPLEMENTAL AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment is submitted to correct typographical errors in our June 18, 2007 Amendment which is in response to the Office Action of May 17, 2007. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.